

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

ADDRESS (number and street) ▼

PO BOX 295

☐ Check if different than previously reported. (ACC)

CHRISTIANSTED

VI

00821

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00553560

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

01

2015

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

31

2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

20

2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 05 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		45482.65
(b) Cash on Hand at Beginning of Reporting Period.....	31028.48	
(c) Total Receipts (from Line 19)	113935.19	461316.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	144963.67	506799.32
7. Total Disbursements (from Line 31)	126883.76	488719.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	18079.91	18079.91
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	269447.02	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	32408.00	91131.00
(ii) Unitemized	81456.19	367578.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	113864.19	458709.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	190.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ►	113864.19	458899.67
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	71.00	2417.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ►	113935.19	461316.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ►	113935.19	461316.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	123487.74	460185.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	123487.74	460185.99
22. Transfers to Affiliated/Other Party Committees.....	3396.02	28533.42
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	126883.76	488719.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	126883.76	488719.41

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	113864.19	458899.67
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	113864.19	458899.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	123487.74	460185.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	71.00	2417.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	123416.74	457768.99

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS LAVONNE AMARAL 959

Mailing Address PO BOX 67

City

NEVADA CITY

State

CA

Zip Code

95959

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.66474

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR ALBERT AMATUZIO 558

Mailing Address 1831 VALHALLA DR

City

DULUTH

State

MN

Zip Code

55811

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

VETERAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.66475

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MS CLAUDIA AMBRO 370

Mailing Address PO BOX 3510

City

BRENTWOOD

State

TN

Zip Code

37024

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIFE POINT HOSPITAL

Occupation

DIRECTOR OF REVENUE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.66476

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1150.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 89

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS GLADYS AMBROSINI 893

Mailing Address PO BOX 1063

City
EUREKAState
NVZip Code
89316FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

312.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	9		2	0	1	5		

Transaction ID : SA11AI.66477

Amount of Each Receipt this Period

12.00

Full Name (Last, First, Middle Initial)

B. MRS DOROTHY W BAINES 372

Mailing Address 4137 W HAMILTON CT

City
NASHVILLEState
TNZip Code
37218FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	7		2	0	1	5		

Transaction ID : SA11AI.66534

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR KEVIN BAINES 911

Mailing Address 457 S MARENGO AVE UNIT 21

City
PASADENAState
CAZip Code
91101FEC ID number of contributing
federal political committee.

C

Name of Employer

JPL/CALTECH

Occupation

RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		2	6		2	0	1	5		

Transaction ID : SA11AI.66535

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

262.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR MANSON BALLARD 496

Mailing Address 226 TWILIGHT TRL NW

City State Zip Code
 KALKASKA MI 49646

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.66540

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARGARET A BAUER 926

Mailing Address 16 TIDEWATER

City State Zip Code
 IRVINE CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer

TUSTIN UNIFIED SCHOOLS

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : SA11AI.66583

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MARGARET A BAUER 926

Mailing Address 16 TIDEWATER

City State Zip Code
 IRVINE CA 92614

FEC ID number of contributing
federal political committee.

C

Name of Employer

TUSTIN UNIFIED SCHOOLS

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : SA11AI.66584

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

550.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

<p>Full Name (Last, First, Middle Initial) A. MR DAVID WAYNE BELL 750</p> <p>Mailing Address 1909 DEBORAH DR</p> <p>City State Zip Code SHERMAN TX 75090</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SELF EMPLOYED CLINICAL PSYCHOLOGY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 241.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 22 / 2015 Transaction ID : SA11AI.66603</p> <p>Amount of Each Receipt this Period 50.00</p>		
<p>Full Name (Last, First, Middle Initial) B. YVONNE BERRY 112</p> <p>Mailing Address 1019 VAN SICLEN AVE APT 5J</p> <p>City State Zip Code BROOKLYN NY 11207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NONE RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 375.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 12 / 2015 Transaction ID : SA11AI.66629</p> <p>Amount of Each Receipt this Period 200.00</p>		
<p>Full Name (Last, First, Middle Initial) C. YVONNE BERRY 112</p> <p>Mailing Address 1019 VAN SICLEN AVE APT 5J</p> <p>City State Zip Code BROOKLYN NY 11207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation NONE RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 550.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 20 / 2015 Transaction ID : SA11AI.66628</p> <p>Amount of Each Receipt this Period 175.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>425.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS KATHERINE R BIRCK 605

Mailing Address 744 S OAK ST

City

HINSDALE

State

IL

Zip Code

60521

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

REGISTERED NURSE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.66649

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. JOHN W BOERSTLER 804

Mailing Address PO BOX 792

City

BRECKENRIDGE

State

CO

Zip Code

80424

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.66681

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. DELIGHT S BONNER 739

Mailing Address 1430 RIMROCK DR

City

GUYMON

State

OK

Zip Code

73942

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.66684

Amount of Each Receipt this Period

255.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

705.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. WILLIAM O BRACHMAN 530

Mailing Address 10101 CEDAR CREEK RD

City State Zip Code
 CEDARBURG WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 26 / 2015

Transaction ID : SA11AI.66718

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. WILLIAM O BRACHMAN 530

Mailing Address 10101 CEDAR CREEK RD

City State Zip Code
 CEDARBURG WI 53012

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 27 / 2015

Transaction ID : SA11AI.66719

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR W BUDGE 940

Mailing Address 65 DOWNEY WAY

City State Zip Code
 HILLSBOROUGH CA 94010

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RANCHER / INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.66778

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR WILLIAM STEWART BUNDRICK 711 MD

Mailing Address 8712 GLENMORA DR

City State Zip Code
 SHREVEPORT LA 71106

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

UROLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.66786

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MS SUE M CANNON 802

Mailing Address 6420 W LAKERIDGE RD

City State Zip Code
 LAKEWOOD CO 80227

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 18 / 2015

Transaction ID : SA11AI.66854

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MS JANET P CHAMBERS 076

Mailing Address 609 ECHO GLEN AVE

City State Zip Code
 RIVERVALE NJ 07675

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 28 / 2015

Transaction ID : SA11AI.66893

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

785.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS JANE CHOATE 115

Mailing Address 18 CHERRYWOOD RD

City State Zip Code
 LOCUST VALLEY NY 11560

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 01 / 2015

Transaction ID : SA11AI.66921

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MS BERTIE CLOWERS 980

Mailing Address 510 FORSYTH LN UNIT 309

City State Zip Code
 EDMONDS WA 98020

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.66965

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS ELEANOR COBB 900

Mailing Address 131 S VISTA ST

City State Zip Code
 LOS ANGELES CA 90036

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : SA11AI.66969

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS MARY K COLWELL 453

Mailing Address 140 MARICOPA CIR

City
ENON

State Zip Code
OH 45323

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67012

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MS MARY K COLWELL 453

Mailing Address 140 MARICOPA CIR

City
ENON

State Zip Code
OH 45323

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.67013

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. DR PEARL J COMPAAN 452 MD

Mailing Address 350 RESOR AVE

City
CINCINNATI

State Zip Code
OH 45220

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RADIATION ONCOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 26 / 2015

Transaction ID : SA11AI.67014

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR NICHOLAS CONCA 284

Mailing Address 6 DEERWOOD CIR

City State Zip Code
OAK ISLAND NC 28465

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SA11AI.67020

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR PHIL CRAMER 913

Mailing Address 26056 BERAULT CT

City State Zip Code
VALENCIA CA 91355

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SA11AI.67077

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR RONALD CRISLIP 494

Mailing Address 2319 TYLER ST

City State Zip Code
JENISON MI 49428

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.67089

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. JUDITH H CROW 956

Mailing Address 3170 WOODLEIGH LN

City State Zip Code
CAMERON PARK CA 95682

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.67112

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MRS FRANCES B DAVIS 713

Mailing Address 4700 WILTON PL

City State Zip Code
ALEXANDRIA LA 71303

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.67157

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MRS FRANCES B DAVIS 713

Mailing Address 4700 WILTON PL

City State Zip Code
ALEXANDRIA LA 71303

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11AI.67156

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

785.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS LINDA M DAVIS 877

Mailing Address 620 STATE ROAD 58

City
CIMARRON

State Zip Code
NM 87714

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67164

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. MR RALPH V DAWIS 103

Mailing Address 355 BARD AVE

City
STATEN ISLAND

State Zip Code
NY 10310

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 13 / 2015

Transaction ID : SA11AI.67167

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR PAUL DECLEVA 752

Mailing Address 5222 DELOACHE AVE

City
DALLAS

State Zip Code
TX 75201

FEC ID number of contributing
federal political committee.

C

Name of Employer

DP CONSULTANTS

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

05 / 05 / 2015

Transaction ID : SA11AI.67182

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MARTHA L DOWNS 956

Mailing Address 8560 JESTER CT

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

05 / 05 / 2015

Transaction ID : SA11AI.67265

Amount of Each Receipt this Period

15.00

Full Name (Last, First, Middle Initial)

B. MRS MARTHA L DOWNS 956

Mailing Address 8560 JESTER CT

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.67263

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. MRS MARTHA L DOWNS 956

Mailing Address 8560 JESTER CT

City

ELK GROVE

State

CA

Zip Code

95624

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67264

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD V DUKART 586

Mailing Address 29 117TH AVE SW

City

KILLDEER

State

ND

Zip Code

58640

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.67283

Amount of Each Receipt this Period

105.00

Full Name (Last, First, Middle Initial)

B. MR CARL DUMKE 453

Mailing Address 1445 POPLAR DR

City

FAIRBORN

State

OH

Zip Code

45324

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

425.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67284

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MRS MARJORIE EDDY 631

Mailing Address 1 MCKNIGHT PL #285

City

SAINT LOUIS

State

MO

Zip Code

63124

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARTIST PRESENTATION SOCIETY

Occupation

BOARD MEMBER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

218.00

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.67313

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

455.00

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR MIKE FERRIS 815

Mailing Address 2264 HIGHWAY 6 AND 50

City State Zip Code
 GRAND JUNCTION CO 81505

FEC ID number of contributing
federal political committee.

C

Name of Employer

WESTERN SLOPE AUTO

Occupation

OWNER & GENERAL MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 12 / 2015

Transaction ID : SA11AI.67405

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MRS ELIZABETH FINCH 770

Mailing Address 5210 CHAMPLAIN BEND ST

City State Zip Code
 HOUSTON TX 77056

FEC ID number of contributing
federal political committee.

C

Name of Employer

REGISTER REAL ESTATE ADVISORS

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 19 / 2015

Transaction ID : SA11AI.67413

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MRS MARILYN A FIORO 232

Mailing Address 4176 ENGLISH HOLLY CIR

City State Zip Code
 RICHMOND VA 23294

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67420

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS VERA E FRIEND 852

Mailing Address 542 S HIGLEY RD UNIT 10

City State Zip Code
MESA AZ 85206

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 13 / 2015

Transaction ID : SA11AI.67504

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MS JOYCE M GALE 852

Mailing Address 7928 E PUEBLO AVE UNIT 55

City State Zip Code
MESA AZ 85208

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.00

Date of Receipt

05 / 29 / 2015

Transaction ID : SA11AI.67522

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS JOAN GALLOWAY 036

Mailing Address 12 GALLOWAY LN

City State Zip Code
WALPOLE NH 03608

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67529

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

210.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS BETTY GARDNER 648

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code
 NOEL MO 64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

253.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 06 / 2015

Transaction ID : SA11AI.67546

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MRS BETTY GARDNER 648

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code
 NOEL MO 64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.67547

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS BETTY GARDNER 648

Mailing Address 1572 GOODIN HOLLOW RD

City State Zip Code
 NOEL MO 64854

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 14 / 2015

Transaction ID : SA11AI.67545

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

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170.00

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS MARGARET J GARZON 088

Mailing Address 10 HOG HOLLOW RD

City State Zip Code
PITTSBOWN NJ 08867

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67557

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MARILYN GEARHART 988

Mailing Address PO BOX 427

City State Zip Code
WATERVILLE WA 98858

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67564

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MRS MARJORIE HAILEY 668

Mailing Address 720 S NEOSHO ST

City State Zip Code
COUNCIL GROVE KS 66846

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 12 / 2015

Transaction ID : SA11AI.67703

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WILLIAM HALLSTROM 974

Mailing Address 982 SHAUGHNESSY LN

City
EUGENE

State Zip Code
OR 97401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67711

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT H HAMBURG 365

Mailing Address PO BOX 844

City
FOLEY

State Zip Code
AL 36536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67713

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT H HAMBURG 365

Mailing Address PO BOX 844

City
FOLEY

State Zip Code
AL 36536

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67714

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR EDWARD H HAMM 334

Mailing Address 243 S BEACH RD

City

HOBE SOUND

State

FL

Zip Code

33455

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACOMA OIL CO

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SA11AI.67717

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. MS DOROTHY HANFORD 837

Mailing Address 1111 E BANNOCK ST

City

BOISE

State

ID

Zip Code

83712

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SA11AI.67725

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

C. CAPT TATNALL LEA HILLMAN 816 USNR (RET.)

Mailing Address 504 W BLEEKER ST

City

ASPEN

State

CO

Zip Code

81611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.67841

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

2845.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CAPT TATNALL LEA HILLMAN 816 USNR (RET.)

Mailing Address 504 W BLEEKER ST

City State Zip Code
 ASPEN CO 81611

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.67842

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. R ANN HINSON 344

Mailing Address 5282 S RIVERSIDE DR

City State Zip Code
 HOMOSASSA FL 34448

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 08 / 2015

Transaction ID : SA11AI.67852

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. R ANN HINSON 344

Mailing Address 5282 S RIVERSIDE DR

City State Zip Code
 HOMOSASSA FL 34448

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 21 / 2015

Transaction ID : SA11AI.67851

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2040.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1475.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2015

Transaction ID : SA11AI.67874

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR BILL HOLDEN 956

Mailing Address 4467 PLANTATION DR

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1575.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.67875

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR VIRGIL L HOLT 652

Mailing Address 567 COUNTY ROAD 323

City

FRANKLIN

State

CO

Zip Code

65250

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

206.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.67891

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CHARLES HOLTZ 800

Mailing Address 13801 E YALE AVE UNIT 306 # 20

City State Zip Code
 AURORA CO 80014

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

351.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67892

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR CHARLES HOLTZ 800

Mailing Address 13801 E YALE AVE UNIT 306 # 20

City State Zip Code
 AURORA CO 80014

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

551.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67893

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. RUTH HUESTIS 346

Mailing Address 8042 BELLEVISTA CT

City State Zip Code
 SPRING HILL FL 34606

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.67924

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

420.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. RUTH HUESTIS 346

Mailing Address 8042 BELLEVISTA CT

City State Zip Code
 SPRING HILL FL 34606

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.67923

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MRS ETHEL HUSER 667

Mailing Address 1704 DECATUR RD

City State Zip Code
 FREDONIA KS 66736

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.67937

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS ETHEL HUSER 667

Mailing Address 1704 DECATUR RD

City State Zip Code
 FREDONIA KS 66736

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

715.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67936

Amount of Each Receipt this Period

339.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

459.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ETHEL HUSER 667

Mailing Address 1704 DECATUR RD

City

FREDONIA

State

KS

Zip Code

66736

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

765.00

Date of Receipt

05 / 12 / 2015

Transaction ID : SA11AI.67939

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MRS ETHEL HUSER 667

Mailing Address 1704 DECATUR RD

City

FREDONIA

State

KS

Zip Code

66736

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOUSEWIFE

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

05 / 18 / 2015

Transaction ID : SA11AI.67938

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. ROBERT M HUTTAR 921

Mailing Address 11645 CAMINITO CORRIENTE

City

SAN DIEGO

State

CA

Zip Code

92128

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67942

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS ELIZABETH JACKSON 630

Mailing Address 724 CLAYTON CORNERS DR

City State Zip Code
BALLWIN MO 63011

FEC ID number of contributing
federal political committee.

C

Name of Employer
PFIZER MONSANTO

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.67964

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR LOREN JAHN 604

Mailing Address 13149 N COUNTRY CLUB CT

City State Zip Code
PALOS HEIGHTS IL 60463

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOREN JAHN PRIVATE CHARITABLE
FOUNDATION

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.67973

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR LOREN JAHN 604

Mailing Address 13149 N COUNTRY CLUB CT

City State Zip Code
PALOS HEIGHTS IL 60463

FEC ID number of contributing
federal political committee.

C

Name of Employer
LOREN JAHN PRIVATE CHARITABLE FOUND

Occupation
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.67972

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS BARBARA A JARVIS 770

Mailing Address 13923 DUNCANNON DR

City
HOUSTON

State Zip Code
TX 77015

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.67986

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR THEODORE JOHNSON 628

Mailing Address 120 JOHNSON LN

City
CROSSVILLE

State Zip Code
IL 62827

FEC ID number of contributing
federal political committee.

C

Name of Employer

JOHNSON FARMS

Occupation

PRINCIPAL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.68017

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

C. MR JOHN A JOST 598

Mailing Address 1531 SLEEPING CHILD RD

City
HAMILTON

State Zip Code
MT 59840

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.68052

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN A JOST 598

Mailing Address 1531 SLEEPING CHILD RD

City State Zip Code
HAMILTON MT 59840

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2015

Transaction ID : SA11AI.68053

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MRS MARIE-LUISE KALSI 770

Mailing Address 13307 CAROUSEL CT

City State Zip Code
HOUSTON TX 77041

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.68066

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. JACK W KEEN 880

Mailing Address PO BOX 3079

City State Zip Code
SILVER CITY NM 88062

FEC ID number of contributing
federal political committee.

C

Name of Employer

WNM COMMUNICATIONS

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 05 / 2015

Transaction ID : SA11AI.68089

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

385.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR B KEITH 263

Mailing Address 103 LONDON CT

City
BRIDGEPORT

State Zip Code
WV 26330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.68091

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. ROBERT S KELLER 302

Mailing Address 6898 BELL CT

City
REX

State Zip Code
GA 30273

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.68093

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. MR HARVEY KING 967

Mailing Address 11 AALAPAPA PL

City
KAILUA

State Zip Code
HI 96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 01 / 2015

Transaction ID : SA11AI.68127

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PAUL S KINGSBURY 812

Mailing Address PO BOX 849

City State Zip Code
CRESTED BUTTE CO 81224

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.68129

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. PAUL KINGSBURY 852

Mailing Address 27208 N AGUA VERDE DR

City State Zip Code
RIO VERDE AZ 85263

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.68131

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. DR JILES E KIRKLAND 287

Mailing Address PO BOX 548

City State Zip Code
LAKE JUNALUSKA NC 28745

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

393.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.68138

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CRAIG KLEINBECK 333

Mailing Address 3101 NW 47TH TER APT 125

City State Zip Code
 LAUDERDALE LAKES FL 33319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.68153

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR H KNAPHEIDE 623 III

Mailing Address PO BOX 7140

City State Zip Code
 QUINCY IL 62305

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

KNAPHEIDE MANUFACTURING CO INC

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.68160

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MR BARRY L KOTLER 853

Mailing Address 3405 N 163RD DR

City State Zip Code
 GOODYEAR AZ 85395

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.68199

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

590.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR BARRY L KOTLER 853

Mailing Address 3405 N 163RD DR

City
GOODYEAR

State Zip Code
AZ 85395

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.68198

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. LTC HERBERT T KRUSE 432

Mailing Address 89 S DAWSON AVE

City
COLUMBUS

State Zip Code
OH 43209

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.68226

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS MARGUERITE LANGLEY 939

Mailing Address 171 LITTLEFIELD RD

City
MONTEREY

State Zip Code
CA 93940

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.68277

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR THOMAS H LATIMER 484

Mailing Address 1470 KILE RD

City
METAMORA

State Zip Code
MI 48455

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

338.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SA11AI.68301

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT LEIGHTON 430

Mailing Address 1687 LAKE DR

City
HEATH

State Zip Code
OH 43056

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.68329

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR ROBERT LINGG 852

Mailing Address 249 LEISURE WORLD

City
MESA

State Zip Code
AZ 85206

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.68364

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

285.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR DONALD L LJUNGREN 553

Mailing Address 945 CENTURY AVE SW #214

City
HUTCHINSON

State Zip Code
MN 55350

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11AI.68379

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR JOHN LYNN 890

Mailing Address 1851 WHITNEY MESA DR

City
HENDERSON

State Zip Code
NV 89014

FEC ID number of contributing
federal political committee.

C

Name of Employer

WITHHELD

Occupation

REFUSED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 26 / 2015

Transaction ID : SA11AI.68431

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MRS YVONNE M LYON 346

Mailing Address 3025 LEPRECHAUN LN

City
PALM HARBOR

State Zip Code
FL 34683

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.68432

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

385.00

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS GLENNIS I MARTIN 640

Mailing Address 811 NW MAYNARD ST

City State Zip Code
 BLUE SPRINGS MO 64015

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

238.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.68489

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD MARX 125

Mailing Address PO BOX 440

City State Zip Code
 WAPPINGERS FALLS NY 12590

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INSURANCE AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.68500

Amount of Each Receipt this Period

228.00

Full Name (Last, First, Middle Initial)

C. MRS PATRICIA MCGLONE 857

Mailing Address 1445 S CORSICA PL

City State Zip Code
 TUCSON AZ 85748

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 13 / 2015

Transaction ID : SA11AI.68556

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

478.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR WILLIAM G MCLAUGHLIN 336

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code
TAMPA FL 33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.68579

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR WILLIAM G MCLAUGHLIN 336

Mailing Address 1510 E PALM AVE APT A314

City State Zip Code
TAMPA FL 33605

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

402.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2015

Transaction ID : SA11AI.68578

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. BURTON MCPHEETERS 691

Mailing Address 23998 S MCPHEETERS RD

City State Zip Code
GOTHENBURG NE 69138

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 19 / 2015

Transaction ID : SA11AI.68597

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR MARINO MEACCI 937

Mailing Address 6627 W SHIELDS AVE

City

FRESNO

State

CA

Zip Code

93723

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.68600

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR MARINO MEACCI 937

Mailing Address 6627 W SHIELDS AVE

City

FRESNO

State

CA

Zip Code

93723

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 18 / 2015

Transaction ID : SA11AI.68599

Amount of Each Receipt this Period

40.00

Full Name (Last, First, Middle Initial)

C. MR MARINO MEACCI 937

Mailing Address 6627 W SHIELDS AVE

City

FRESNO

State

CA

Zip Code

93723

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

05 / 26 / 2015

Transaction ID : SA11AI.68598

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR RICHARD A MIKULS 681

Mailing Address 13605 SHIRLEY ST

City

OMAHA

State

NE

Zip Code

68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.68630

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. MR RICHARD A MIKULS 681

Mailing Address 13605 SHIRLEY ST

City

OMAHA

State

NE

Zip Code

68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.68632

Amount of Each Receipt this Period

68.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD A MIKULS 681

Mailing Address 13605 SHIRLEY ST

City

OMAHA

State

NE

Zip Code

68144

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

05 / 12 / 2015

Transaction ID : SA11AI.68631

Amount of Each Receipt this Period

68.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

186.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JACK W MOORE 857

Mailing Address 64301 E SQUASH BLOSSOM LN

City State Zip Code
TUCSON AZ 85739

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

675.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2015

Transaction ID : SA11AI.68699

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR CRAIG MORGAN 257

Mailing Address 1611 13TH AVE

City State Zip Code
HUNTINGTON WV 25701

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.68704

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS ELAINE T MURHAMMER 701

Mailing Address 4112 JEFFERSON HWY APT 320

City State Zip Code
JEFFERSON LA 70121

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11AI.68752

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR CLAIR J MURPHY 551

Mailing Address 1626 RUTH ST N

City
SAINT PAUL

State Zip Code
MN 55119

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 07 / 2015

Transaction ID : SA11AI.68753

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MS CHELI MYERS 752

Mailing Address 3530 PINEHURST CIR

City
DALLAS

State Zip Code
TX 75234

FEC ID number of contributing
federal political committee.

C

Name of Employer

WRIGHTSON, JOHNSON, HADDON &
WILLIAMS

Occupation

MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.68762

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MRS LOUISE NEWHOLD 933

Mailing Address 3900 MARIS CT

City
BAKERSFIELD

State Zip Code
CA 93313

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11AI.68797

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR ROBERT O'BRYAN 777 MD

Mailing Address 4450 THOMAS CT

City
BEAUMONT

State Zip Code
TX 77706

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : SA11AI.68841

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DR APRIL G O'QUINN 701 MD

Mailing Address 5100 BANCROFT DR

City
NEW ORLEANS

State Zip Code
LA 70122

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : SA11AI.68869

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR APRIL G O'QUINN 701 MD

Mailing Address 5100 BANCROFT DR

City
NEW ORLEANS

State Zip Code
LA 70122

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SURGEON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY
05 / 07 / 2015

Transaction ID : SA11AI.68870

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS MARGARET L OPIE 480

Mailing Address 4515 ELMWOOD AVE

City
ROYAL OAK

State Zip Code
MI 48073

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.68868

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JOHN PAGIN 467

Mailing Address PO BOX 86

City
HOWE

State Zip Code
IN 46746

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.68890

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MISS EDITH P PALMER 109

Mailing Address 282 LAROE RD

City
CHESTER

State Zip Code
NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2750.00

Date of Receipt

05 / 13 / 2015

Transaction ID : SA11AI.68894

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MISS EDITH P PALMER 109

Mailing Address 282 LAROE RD

City
CHESTER

State Zip Code
NY 10918

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11AI.68893

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MR CHARLES PAULSEN 958

Mailing Address 1220 FAY CIR

City
SACRAMENTO

State Zip Code
CA 95831

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.68925

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR PAUL PEELER 784 CPA

Mailing Address 11649 LEOPARD ST STE 3

City
CRP CHRISTI

State Zip Code
TX 78410

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 11 / 2015

Transaction ID : SA11AI.68938

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

785.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR LLOYD C POND 874

Mailing Address 3102 KNUDSEN AVE

City

FARMINGTON

State

NM

Zip Code

87401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 18 / 2015

Transaction ID : SA11AI.69026

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MRS LUCILE PRIOR 980

Mailing Address 50461 17TH AVESE

City

BELLEVUE

State

WA

Zip Code

98006

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 26 / 2015

Transaction ID : SA11AI.69067

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR RICHARD PUCKETT 617

Mailing Address 1910 LONGWOOD LN

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.69073

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
 SAN FRANCISCO CA 94121

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.69101

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MS CLAIRE RAINS 941

Mailing Address 420 41ST AVE

City State Zip Code
 SAN FRANCISCO CA 94121

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 26 / 2015

Transaction ID : SA11AI.69102

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MRS COLLEEN A RAWLINGS-BERNICK 563

Mailing Address 407 10TH AVE S

City State Zip Code
 WAITE PARK MN 56387

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.69114

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. GLENN REINDERS 530

Mailing Address 3479 SHERMAN RD

City
JACKSON

State Zip Code
WI 53037

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 27 / 2015

Transaction ID : SA11AI.69130

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JOSEPH J RIDOLFO 060

Mailing Address 1100 POQUONOCK AVE

City
WINDSOR

State Zip Code
CT 06095

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 08 / 2015

Transaction ID : SA11AI.69176

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. MR JOSEPH J RIDOLFO 060

Mailing Address 1100 POQUONOCK AVE

City
WINDSOR

State Zip Code
CT 06095

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 29 / 2015

Transaction ID : SA11AI.69177

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City
KAILUA

State
HI

Zip Code
96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

258.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.69188

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

B. MR PHILIP E RITCH 967

Mailing Address 146 KALUAMOO ST

City
KAILUA

State
HI

Zip Code
96734

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

293.00

Date of Receipt

05 / 19 / 2015

Transaction ID : SA11AI.69187

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City
FORT MYERS

State
FL

Zip Code
33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.69293

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 04 / 2015

Transaction ID : SA11AI.69296

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.69294

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 18 / 2015

Transaction ID : SA11AI.69292

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JOHN W SAMPSON 339

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2015

Transaction ID : SA11AI.69295

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. FRANCES SCHMIDT 671

Mailing Address 1417 WILLOW RD

City

NEWTON

State

KS

Zip Code

67114

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 08 / 2015

Transaction ID : SA11AI.69332

Amount of Each Receipt this Period

35.00

Full Name (Last, First, Middle Initial)

C. MR CHARLES SCHROEDER 920

Mailing Address 1973 BATCHELDER CT

City

EL CAJON

State

CA

Zip Code

92020

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2015

Transaction ID : SA11AI.69342

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

335.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR PENELOPE SCOTT 210 MD

Mailing Address 11824 FALLS RD

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 01 / 2015

Transaction ID : SA11AI.69372

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. DR PENELOPE SCOTT 210 MD

Mailing Address 11824 FALLS RD

City

COCKEYSVILLE

State

MD

Zip Code

21030

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.69371

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. ARCHER RAYMOND SEAMAN 513

Mailing Address 3770 WARBLER AVE

City

HARTLEY

State

IA

Zip Code

51346

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 12 / 2015

Transaction ID : SA11AI.69378

Amount of Each Receipt this Period

180.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

430.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 89

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR EDWARD SEASTRAND 385

Mailing Address 12 KESWICK LN

City State Zip Code
 CROSSVILLE TN 38558

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.69382

Amount of Each Receipt this Period

175.00

Full Name (Last, First, Middle Initial)

B. MR PETER R SHERMAN 140

Mailing Address 4999 CREEK ROAD EXT

City State Zip Code
 LEWISTON NY 14092

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 11 / 2015

Transaction ID : SA11AI.69434

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR JACKIE SIKES 329

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code
 COCOA BEACH FL 32931

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 07 / 2015

Transaction ID : SA11AI.69458

Amount of Each Receipt this Period

80.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

355.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 89
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR JACKIE SIKES 329

Mailing Address 420 S BANANA RIVER BLVD

City State Zip Code
 COCOA BEACH FL 32931

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

05 / 08 / 2015

Transaction ID : SA11AI.69457

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MR DONALD B SMALLWOOD 707

Mailing Address 27872 S SATSUMA RD

City State Zip Code
 LIVINGSTON LA 70754

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.69484

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR DAVID SMITH 454

Mailing Address 2512 FAIRMONT AVE

City State Zip Code
 DAYTON OH 45419

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.69498

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

320.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS CORINNE SPENCE 958

Mailing Address 2921 LAUREL DR

City

SACRAMENTO

State

CA

Zip Code

95864

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / 18 / 2015

Transaction ID : SA11AI.69539

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JEFFREY SPRAGENS 331

Mailing Address 7426 FISHER ISLAND DR

City

FISHER ISLAND

State

FL

Zip Code

33109

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.69552

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR ALBERT J STARSHAK 553

Mailing Address 4852 WOODRIDGE CT

City

MINNETONKA

State

MN

Zip Code

55345

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.69575

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR STANLEY TATE 331

Mailing Address 9999 COLLINS AVE

City

BAL HARBOUR

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer

STANLEY TATE BUILDERS INC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.69654

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. MR STANLEY TATE 331

Mailing Address 9999 COLLINS AVE

City

BAL HARBOUR

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer

STANLEY TATE BUILDERS INC

Occupation

OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 26 / 2015

Transaction ID : SA11AI.69653

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. DR LOUIS L TAYLOR 189

Mailing Address 3913 LIZ CIR

City

DOYLESTOWN

State

PA

Zip Code

18902

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.69658

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

195.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. DR LOUIS L TAYLOR 189

Mailing Address 3913 LIZ CIR

City

DOYLESTOWN

State

PA

Zip Code

18902

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

248.00

Date of Receipt

05 / 12 / 2015

Transaction ID : SA11AI.69657

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

B. MS JEANNETTE L THERRIAULT 997

Mailing Address 2473 OLD RICHARDSON HWY

City

NORTH POLE

State

AK

Zip Code

99705

FEC ID number of contributing
federal political committee.

C

Name of Employer

HECTORS WELDING

Occupation

OFFICE WORK

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

241.00

Date of Receipt

05 / 12 / 2015

Transaction ID : SA11AI.69689

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MRS KETURAH THUNDER-HAAB 481

Mailing Address 438 PINE BRAE ST

City

ANN ARBOR

State

MI

Zip Code

48105

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

05 / 22 / 2015

Transaction ID : SA11AI.69712

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

370.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT Y TOKUNAGA 285

Mailing Address 401 FOXTRACE LN

City
HUBERT

State Zip Code
NC 28539

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

261.00

Date of Receipt

05 / 21 / 2015

Transaction ID : SA11AI.69748

Amount of Each Receipt this Period

68.00

Full Name (Last, First, Middle Initial)

B. MR LESLIE TOWNSEND 960

Mailing Address 180 FRANCISCAN TRL

City
REDDING

State Zip Code
CA 96003

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.69761

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. MR LESLIE TOWNSEND 960

Mailing Address 180 FRANCISCAN TRL

City
REDDING

State Zip Code
CA 96003

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 18 / 2015

Transaction ID : SA11AI.69760

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MR ROBERT S TROTH 341

Mailing Address 3003 GULF SHORE BLVD N APT 301

City State Zip Code
 NAPLES FL 34103

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 26 / 2015

Transaction ID : SA11AI.69770

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR CALVIN K UPP 671

Mailing Address 212 E ELM ST

City State Zip Code
 WELLINGTON KS 67152

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

05 / 05 / 2015

Transaction ID : SA11AI.69805

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. MR CALVIN K UPP 671

Mailing Address 212 E ELM ST

City State Zip Code
 WELLINGTON KS 67152

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

05 / 07 / 2015

Transaction ID : SA11AI.69806

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. MRS ELIZABETH R WADE 931

Mailing Address 5364 CALLE REAL APT D

City State Zip Code
 SANTA BARBARA CA 93111

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

218.00

Date of Receipt

05 / 14 / 2015

Transaction ID : SA11AI.69844

Amount of Each Receipt this Period

70.00

Full Name (Last, First, Middle Initial)

B. MR ROBERT L WALDEN 647

Mailing Address 34 NW 1144 PRIVATE RD

City State Zip Code
 LEETON MO 64761

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

05 / 11 / 2015

Transaction ID : SA11AI.69859

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. DR SAMUEL YOUNGMAN 931 MD

Mailing Address 5350 CALLE REAL APT 1C

City State Zip Code
 SANTA BARBARA CA 93111

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

05 / 05 / 2015

Transaction ID : SA11AI.70026

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

220.00

TOTAL This Period (last page this line number only)..... ►

32408.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Mailing Address 504 SHAW RD
SUITE 504

City State Zip Code
STERLING VA 20166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2417.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2015

Transaction ID : SA15.66408

Amount of Each Receipt this Period

71.00

REFUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

71.00

71.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. CAPITOL CAGING LLC

00:

228.39

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

B. CAPITOL CAGING LLC

MM / DD / YYYY

00

833.42

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

C. CAPITOL CAGING LLC

00'

3000.00

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Category/
Type

4061.81

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. CAPITOL CAGING LLC

001

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

748.00

B. COAST TO COAST STRATEGIES LLC

MM / DD / YYYY

001

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

842.71

C. CONSOLIDATED MAILING SERVICES

003

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

500.28

2090.99

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Transaction ID : SB21B.66355

Amount of Each Disbursement this Period

556.54

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Transaction ID : SB21B.66356

Amount of Each Disbursement this Period

5070.22

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. CONSOLIDATED MAILING SERVICES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		21		2015

Mailing Address 504 SHAW RD
SUITE 504

City STERLING State VA Zip Code 20166

Purpose of Disbursement
VIGOP DIRECT MAIL - PRINTING & MAILSHOP

003

Transaction ID : SB21B.66357

Amount of Each Disbursement this Period

462.43

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6089.19

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.66359

003

Amount of Each Disbursement this Period

Category/
Type

1473.35

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.66362

003

Amount of Each Disbursement this Period

Category/
Type

8606.43

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.66363

003

Amount of Each Disbursement this Period

Category/
Type

11525.99

21605.77

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.66370

003

Amount of Each Disbursement this Period

Category/
Type

84.15

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.66361

Amount of Each Disbursement this Period

003

Category/
Type

4411.87

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES

Date of Disbursement

05 / 14 / 2015

Transaction ID : SB21B.66364

Amount of Each Disbursement this Period

003

Category/
Type

8289.87

12785.89

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.66365

003

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

2473.82

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES

Date of Disbursement

MM / DD / YYYY

Mailing Address 1155 - 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.66368

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

1715.62

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES

Date of Disbursement

Mailing Address 1155 - 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.66369

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

5180.76

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.66371

003

Amount of Each Disbursement this Period

Category/
Type

1066.37

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES

Date of Disbursement

05 / 21 / 2015

Mailing Address 1155 - 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.66360

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			

State: District:

Full Name (Last, First, Middle Initial)

C. DIRECT SUPPORT SERVICES

Date of Disbursement

Mailing Address 1155 - 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.66366

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House	Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Senate		<input type="checkbox"/> Other (specify) ▼	
	<input type="checkbox"/> President			

State: District:

SUBTOTAL of Disbursements This Page (optional).....

9003.87

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DIRECT SUPPORT SERVICES

Date of Disbursement

Transaction ID : SB21B.66367

003

Amount of Each Disbursement this Period

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

7515.43

Full Name (Last, First, Middle Initial)

B. DIRECT SUPPORT SERVICES

Date of Disbursement

05 / 21 / 2015

Mailing Address 1155 - 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

Transaction ID : SB21B.66372

Purpose of Disbursement	VIGOP DIRECT MAIL - POSTAGE
-------------------------	-----------------------------

003

Amount of Each Disbursement this Period

Candidate Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

250.00

Full Name (Last, First, Middle)
C. DONOR BUREAU

Date of Disbursement

05 / 14 / 2015

Mailing Address 1900 N CULPEPPER ST

City	State	Zip Code
ARLINGTON	VA	22207

Transaction ID : SB21B.66373

Purpose of Disbursement	VIGOP DIRECT MAIL - LIST ENHANCEMENT
-------------------------	--------------------------------------

003

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

8038.54

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. DONOR BUREAU

003

377.94

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B. DONOR BUREAU

003

242.38

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C. FIRST VIRGINIA COMMUNITY BANK

001

158.27

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

778.59

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.66378

00:

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	~10%
25-34	60.31%
35-44	~15%
45-54	~10%
55-64	~5%
65-74	~2%
75-84	~1%
85+	~1%

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.66379

00

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	171.52
25-34	~100
35-44	~100
45-54	~100
55-64	~100
65-74	~100
75-84	~100
85+	~100

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.66380

00-

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Amount of Each Disbursement this Period

9.92

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

241.75

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. FIRST VIRGINIA COMMUNITY BANK

00:

91.00

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B. FIRST VIRGINIA COMMUNITY BANK

05 / 06 / 2015

00

47.75

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C. FIRST VIRGINIA COMMUNITY BANK

00-

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

188.75

TOTAL This Period (last page this line number only).....

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. FIRST VIRGINIA COMMUNITY BANK

00.



199.00

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

B. FIRST VIRGINIA COMMUNITY BANK

05 / 06 / 2015

00

69.75

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

C. FIRST VIRGINIA COMMUNITY BANK

00'

615.55

VIGOP

Category/
Type

	House
	Senate
	President

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

884.30

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 78 OF 89

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement
TRANSFIRST BILLING FEE

001

Transaction ID : SB21B.66387

Amount of Each Disbursement this Period

212.94

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement
TRANSFIRST BILLING FEE

001

Transaction ID : SB21B.66388

Amount of Each Disbursement this Period

202.67

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		11		2015

Mailing Address 11325 RANDOM HILLS DRIVE #806

City	State	Zip Code
FAIRFAX	VA	22040

Purpose of Disbursement
TRANSFIRST BILLING FEE

001

Transaction ID : SB21B.66389

Amount of Each Disbursement this Period

368.54

Candidate Name

VIGOPCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

784.15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

NAME OF COMMITTEE (In Full)
VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. INTEGRAM

003

4345.12

☐ Primary ☐ General
☐ Other (specify) ▼

District:

Category/
Type

B. INTEGRAM

05 / 21 / 2015

003

3740.36

☐ Primary ☐ General
☐ Other (specify) ▼

District:

Category/
Type

Full Name (Last, First, Middle Initial)
C. LEGACY LIST MANAGEMENT CORP

003

2717.31

☐ Primary ☐ General
☐ Other (specify) ▼

District:

Category/
Type

SUBTOTAL of Disbursements This Page (optional).....

10802.79

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 84 OF 89

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. SIMPKINS ESCROW SERVICES LLC

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	5		0	7		2	0	1	5		

Mailing Address 29*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.66405Purpose of Disbursement
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

235.50

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. SIMPKINS ESCROW SERVICES LLC

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	5		0	7		2	0	1	5		

Mailing Address 29*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.66406Purpose of Disbursement
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

317.58

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SIMPKINS ESCROW SERVICES LLC

Date of Disbursement

M	M		D	D		Y	Y	Y	Y	Y	Y
0	5		1	4		2	0	1	5		

Mailing Address 29*243 ST JUST DR

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.66407Purpose of Disbursement
ESCROW SERVICES

001

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

1252.31

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

1805.39

TOTAL This Period (last page this line number only)..... ►

123487.74

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

Full Name (Last, First, Middle Initial)

A. VIGOP - TERRITORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2015

Mailing Address PO BOX 295

City	State	Zip Code
CHRISTIANSTED	VI	00821

Transaction ID : SB22.66409Purpose of Disbursement
TRANSFER TO TERRITORIAL CMTE

008

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

899.80

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. VIGOP - TERRITORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		07		2015

Mailing Address PO BOX 295

City	State	Zip Code
CHRISTIANSTED	VI	00821

Transaction ID : SB22.66410Purpose of Disbursement
TRANSFER TO TERRITORIAL CMTE

008

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

1586.34

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. VIGOP - TERRITORIAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2015

Mailing Address PO BOX 295

City	State	Zip Code
CHRISTIANSTED	VI	00821

Transaction ID : SB22.66411Purpose of Disbursement
TRANSFER TO TERRITORIAL CMTE

008

Amount of Each Disbursement this Period

Candidate Name

VIGOPCategory/
Type

909.88

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

3396.02

TOTAL This Period (last page this line number only)..... ►

3396.02

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CAPITOL CAGING LLCNature of Debt (Purpose):
CAGING SERVICESMailing Address 504 SHAW RD
SUITE 504City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

1046.69

Transaction ID : SD10.55707

Amount Incurred This Period

4809.81

Payment This Period

4809.81

Outstanding Balance at Close of This Period

1046.69

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

COAST TO COAST STRATEGIES LLCNature of Debt (Purpose):
FUNDRAISING COMMISSIONMailing Address 555 - 12TH STREET NW
SUITE 630City State Zip Code
WASHINGTON DC 20004

Outstanding Balance Beginning This Period

1030.15

Transaction ID : SD10.58637

Amount Incurred This Period

29.71

Payment This Period

842.71

Outstanding Balance at Close of This Period

217.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CONSOLIDATED MAILING SERVICESNature of Debt (Purpose):
DIRECT MAIL - PRINTING & MAILSHOPMailing Address 504 SHAW RD
SUITE 504City State Zip Code
STERLING VA 20166

Outstanding Balance Beginning This Period

125930.25

Transaction ID : SD10.7792

Amount Incurred This Period

18796.46

Payment This Period

23796.46

Outstanding Balance at Close of This Period

120930.25

1) **SUBTOTALS** This Period This Page (optional)..... ►

122194.09

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 87 OF 89

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DONOR BUREAU

Nature of Debt (Purpose):

LIST ENHANCEMENT SERVICES

Mailing Address 1900 N CULPEPPER ST

City State

ARLINGTON

Zip Code

VA

22207

Outstanding Balance Beginning This Period

3476.50

Transaction ID : SD10.7798

Amount Incurred This Period

945.96

Payment This Period

893.43

Outstanding Balance at Close of This Period

3529.03

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DSSI (FORMERLY CENTURY DATA SYSTEMS CORP)

Nature of Debt (Purpose):

DATA PROCESSING

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

11240.22

Transaction ID : SD10.7791

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11240.22

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

FORTH RIGHT STRATEGIES INC

Nature of Debt (Purpose):

DIRECT MAIL - CREATIVE

Mailing Address 1155 - 15TH STREET

SUITE 410

City

WASHINGTON

State

DC

Zip Code

20005

Outstanding Balance Beginning This Period

73136.03

Transaction ID : SD10.7789

Amount Incurred This Period

18242.25

Payment This Period

13242.25

Outstanding Balance at Close of This Period

78136.03

1) **SUBTOTALS** This Period This Page (optional)..... ►

92905.28

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

INTEGRAM

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 8421 HILLTOP RD

City State

FAIRFAX

Zip Code

VA

22031

Outstanding Balance Beginning This Period

21565.69

Transaction ID : SD10.37645

Amount Incurred This Period

7691.07

Payment This Period

11218.93

Outstanding Balance at Close of This Period

18037.83

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

LEGACY LIST MANAGEMENT CORP

Nature of Debt (Purpose):

DIRECT MAIL - LIST RENTALS

Mailing Address 1155 - 15TH STREET

SUITE 410

City State

WASHINGTON

Zip Code

DC

20005

Outstanding Balance Beginning This Period

28582.97

Transaction ID : SD10.15277

Amount Incurred This Period

1807.02

Payment This Period

5307.02

Outstanding Balance at Close of This Period

25082.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACKENZIE & COMPANY

Nature of Debt (Purpose):

CONSULTING - COMPLIANCE

Mailing Address 2776 S ARLINGTON MILL DR

#806

City

ARLINGTON

State

VA

Zip Code

22206

Outstanding Balance Beginning This Period

7942.80

Transaction ID : SD10.7794

Amount Incurred This Period

2751.32

Payment This Period

2972.80

Outstanding Balance at Close of This Period

7721.32

1) **SUBTOTALS** This Period This Page (optional)..... ►

50842.12

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

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FOR LINE NUMBER:
(check only one)
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☒ 10

NAME OF COMMITTEE (In Full)

VIGOP (VIRGIN ISLANDS REPUBLICAN PARTY)

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

RHA MARKETING

Nature of Debt (Purpose):

**VIGOP DIRECT MAIL - PRINTING &
MAILSHOP**

Mailing Address 1272 CORPORATE PARK RD

City State

Zip Code

FOREST

VA

24551

Outstanding Balance Beginning This Period

3003.16

Transaction ID : SD10.58658

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3003.16

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

SIMPKINS ESCROW SERVICES LLC

Nature of Debt (Purpose):

VIGOP ESCROW SERVICES

Mailing Address 29*243 ST JUST DR

City State

Zip Code

UNIONVILLE

VA

22567

Outstanding Balance Beginning This Period

811.78

Transaction ID : SD10.58642

Amount Incurred This Period

1495.98

Payment This Period

1805.39

Outstanding Balance at Close of This Period

502.37

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

3505.53

2) **TOTALS** This Period (last page this line number only)..... ►

269447.02

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

269447.02